

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Grantsville^{County} GarrettDate
of death 1905 Oct

Day 7

Age 36

Months X

Days 3

Sex Male

Color or
Race

White

Birth-
place

Fairview Md

Occupation

Retired merchant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Marion Broadwater

Father's
Name

William B Broadwater

Father's
Birth place

Savage Md

Mother's
Maiden Name

Jane Warrick

Mother's
Birth place

Bloomington

Name of person giving
In formation

Loah Broadwater

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Gunshot wound in head

How long

3 days

Immediate

Cephalic inflammation

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F B Loudenbaugh

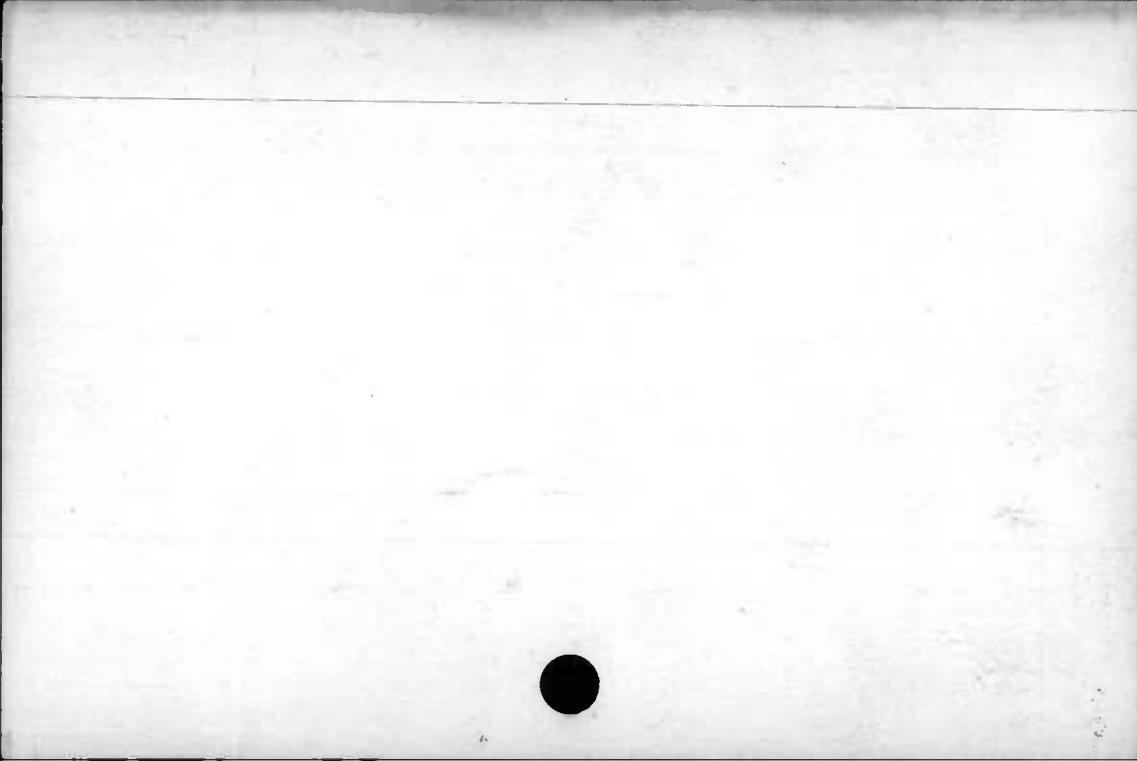
Address

Grantsville

Accident Suicide

Suicide attempt

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Accident*

County

*Garnett*Date of death *1905 OCT.*

Month

Day

24

Age

Years

82

Months

11

Days

*4*Sex *Female*Color or
Race*white*Birth-
place*Pa*

Occupation

*Domestic*Where Residing if not
at place of death*Accident*Married, Single
or Widowed*Widow*Name of Wife or
HusbandFather's
Name*Thickenger*Father's
Birthplace*same town*Mother's
Maiden Name*same town*Mother's
Birthplace*same town*Name of person giving
information*Mohlon Spicher*How related
to deceased*Grandson*

CAUSES OF DEATH

☒

Primary

Septicemia

How long

3 weeks

Immediate

Exhaustion

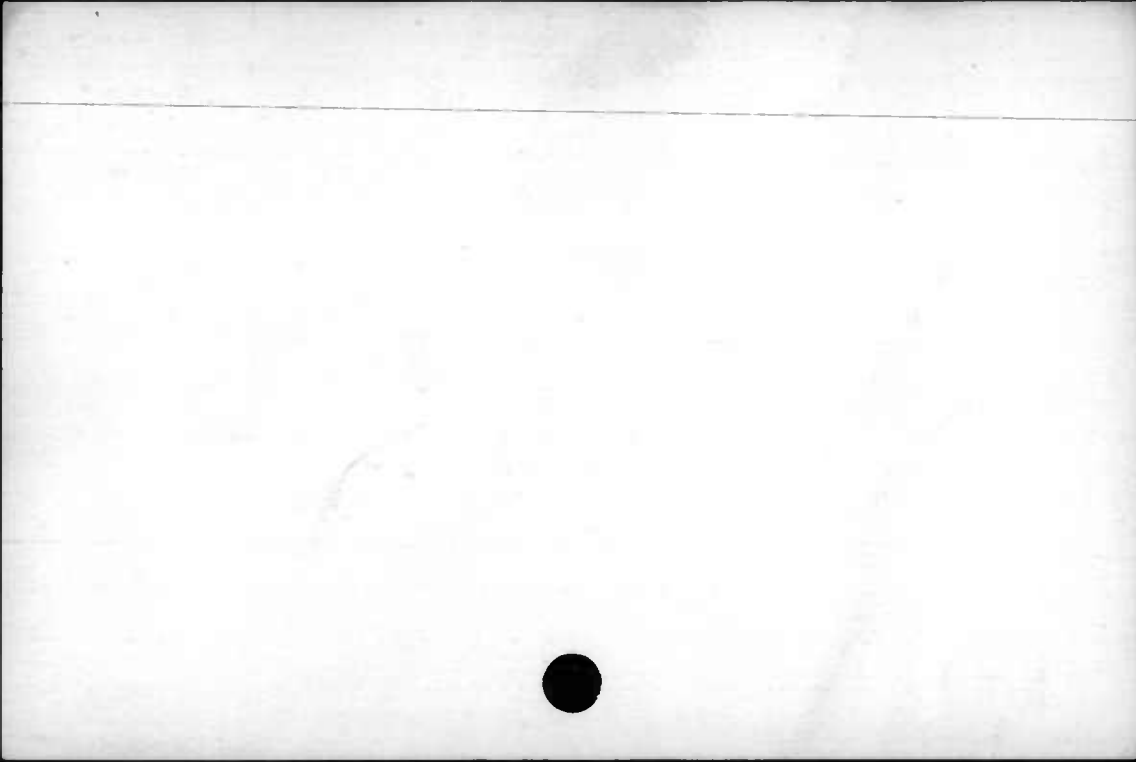
How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

A. R. Bager
Accident
M

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

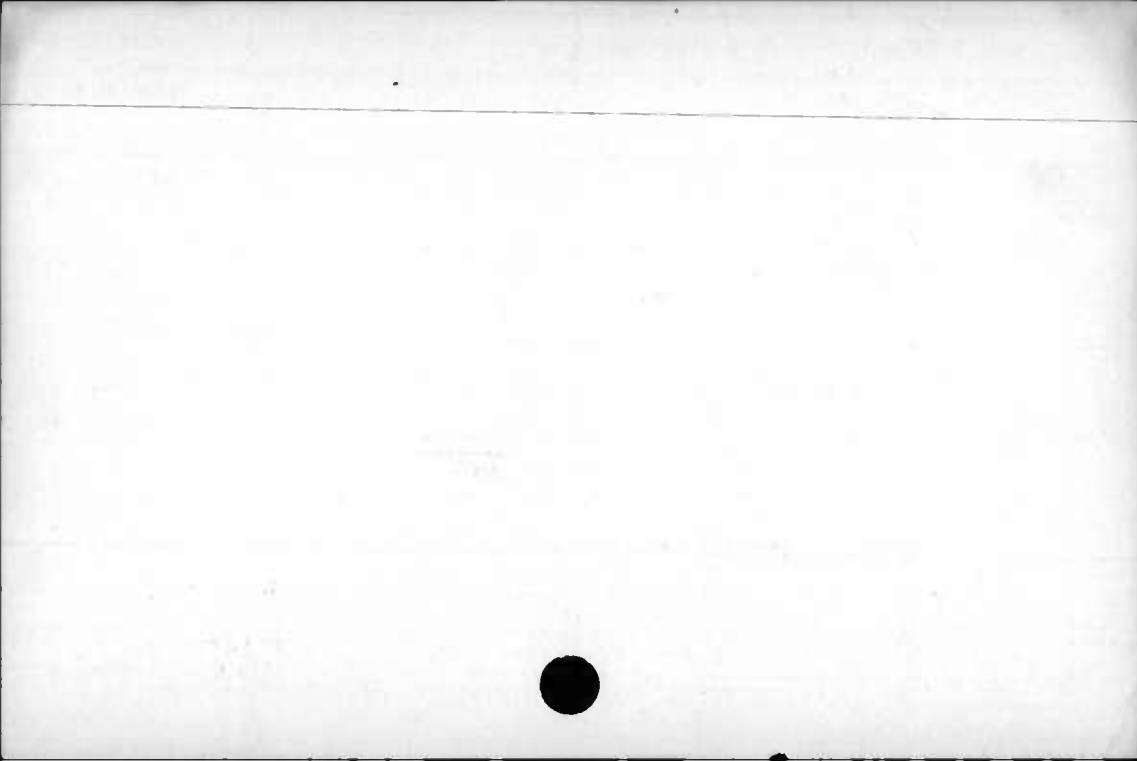
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|-------------------------|--|---------------------|--------------------------------|
| Died at <i>Junngo</i> Town | | County <i>Garrett</i> | | MARYLAND | |
| Date of death | 1905 | Month <i>Dec</i> | Day <i>12</i> | Age <i>62</i> Years | Months <i>10</i> Days <i>4</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Garrett Co Md</i> | | |
| Occupation <i>Farmer</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Casper Durst</i> | | | Father's Birthplace <i>Alleghany Co Md</i> | | |
| Mother's Maiden Name <i>Elizabeth Buttenger</i> | | | Mother's Birthplace <i>" / " "</i> | | |
| Name of person giving information <i>Harvey Durst</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Paralysis</i> | How long |
| Immediate <i>Dont Know</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. L. Berano M.D.</i> |
| | Address <i>Grantsville Md</i> |
| <i>I did not see this case and he was dec'd</i> | |



Name
in
Full

CERTIFICATE OF DEATH

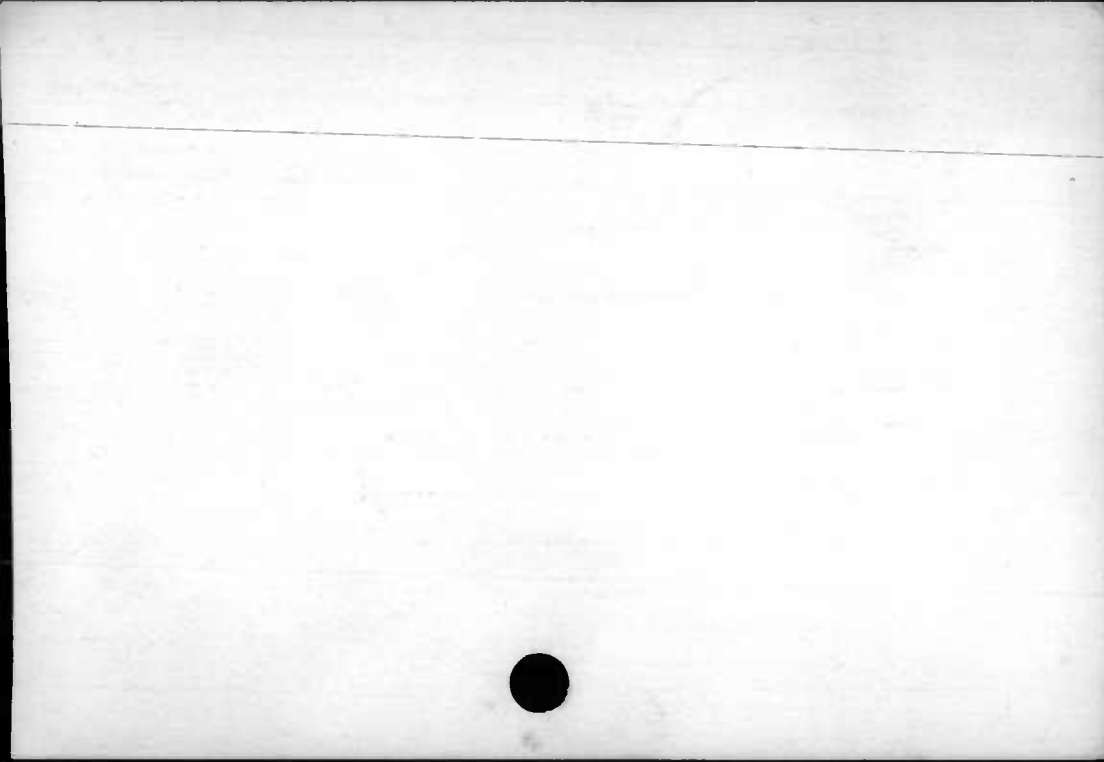
TO BE ANSWERED BY
NEAREST FRIEND

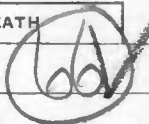
| | | | | | | | |
|---|--|---|--|---------------------------------|--|--------------------------|--|
| Name in Full <i>Maryann Echeuborg</i> | | Town <i>Beckman</i> | | County <i>Sabred</i> | | STATE MARYLAND | |
| Died at <i>Beckman</i> | | Date of death 1905 | | Age 64 | | Months 8 | |
| Month <i>Oct</i> | | Day <i>29</i> | | Years <i>64</i> | | Days <i>14</i> | |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Beitinger</i> | | | |
| Occupation <i>domestic</i> | | Where Residing if not at place of death <i>Beckman</i> | | | | | |
| Married, Single or Widowed <i>widow</i> | | Name of Wife or Husband <i>Georg Echeuborg</i> | | | | | |
| Father's Name <i>Jonas Beitinger</i> | | Father's Birthplace <i>Beitinger</i> | | | | | |
| Mother's Maiden Name <i>Anna Krumm</i> | | Mother's Birthplace <i>south Korea</i> | | | | | |
| Name of person giving information <i>Siras Stork</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Concussion</i> | How long <i>1 year</i> |
| Immediate <i>Concussion</i> | How long <i>1 year</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>H. R. Boyer</i> |
| | Address <i>Accident</i> |
| Accident or Suicide? | <i>Med</i> |



| Name in Full | | Julia, c Ann. Friend | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|---|----------------------|--|---|------------------------------------|----------------------|--------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Elder</u> | | Town | | County <u>Garrett</u> | | STATE OF <u>MARYLAND</u> |
| | Date of death <u>1905</u> | Month <u>Oct</u> | Day <u>27</u> | Age <u>69</u> | Years | Months | Days |
| | Sex <u>Female</u> | | Color or Race <u>white</u> | | Birth-place <u>Maryland</u> | | |
| | Occupation <u>House wife</u> | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed <u>Married</u> | | Name of Wife or Husband <u>Esaiah Friend</u> | | | | |
| | Father's Name <u>Thomas castel</u> | | | | Father's Birthplace <u>Ind</u> | | |
| | Mother's Maiden Name <u>Sallie</u> | | | | Mother's Birthplace | | |
| | Name of person giving information <u>Henry K Friend</u> | | | | How related to deceased <u>Son</u> | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary <u>Paralysis</u> | |  | | How long <u>9 days</u> | | |
| | Immediate <u>Heart Failure</u> | | | | How long <u>1 day</u> | | |
| | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>A. Mason</u> | | Address <u>Friendville Ind</u> | | |
| | | | | | | | |

George Hawkins

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Import daughter of Clarence Froker
 Died at McHenry ^{Town} Essex ^{County} MARYLAND
 Date of death 1905 ^{Month} Oct. ^{Day} 13 ^{Years} Age 30 ^{Months} 30 ^{Days}
 Sex female Color or Race white Birth-place McHenry
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Clarence Froker Father's Birthplace MD
 Mother's Maiden Name Nadessa Spiles Mother's Birthplace MD
 Name of person giving information David W. Froker How related to deceased Grandfather

CAUSES OF DEATH

Primary Thrombophlebitis 105 How long 2 days
 Immediate Stroke How long _____

Are the name, age, sex, color, date and place correctly given above?

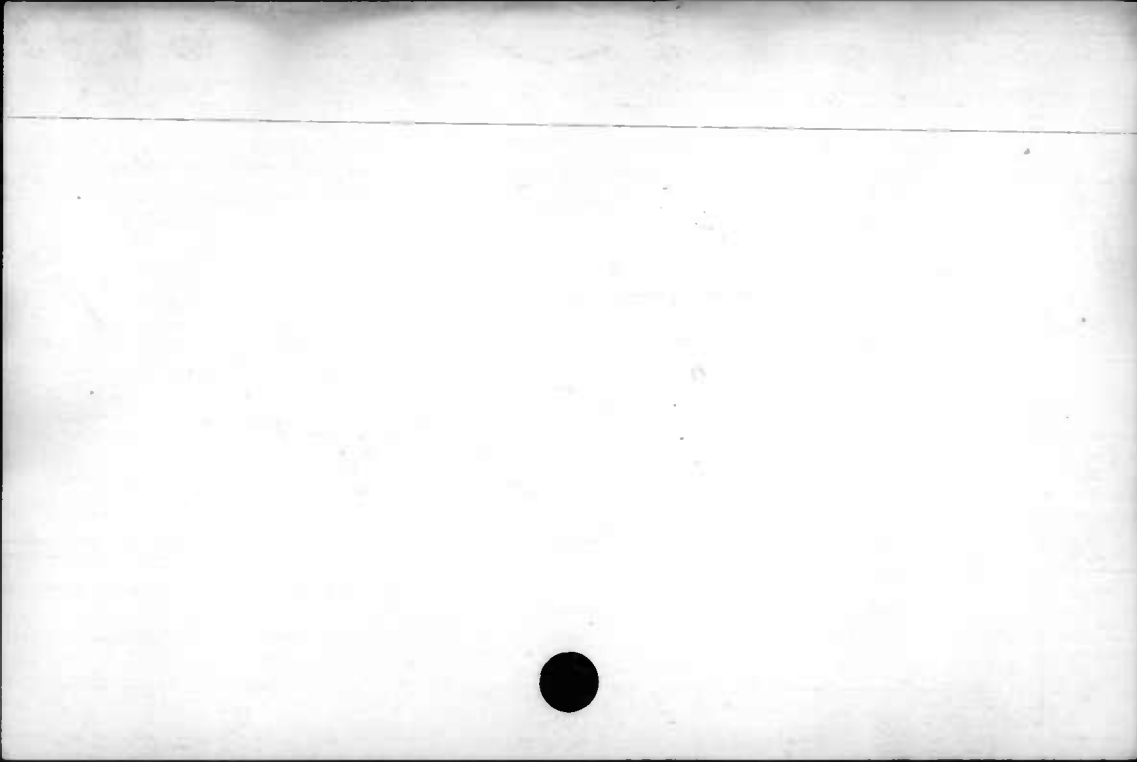
yes.

Signature of Physician

Address

A. H. Bayes
MD.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

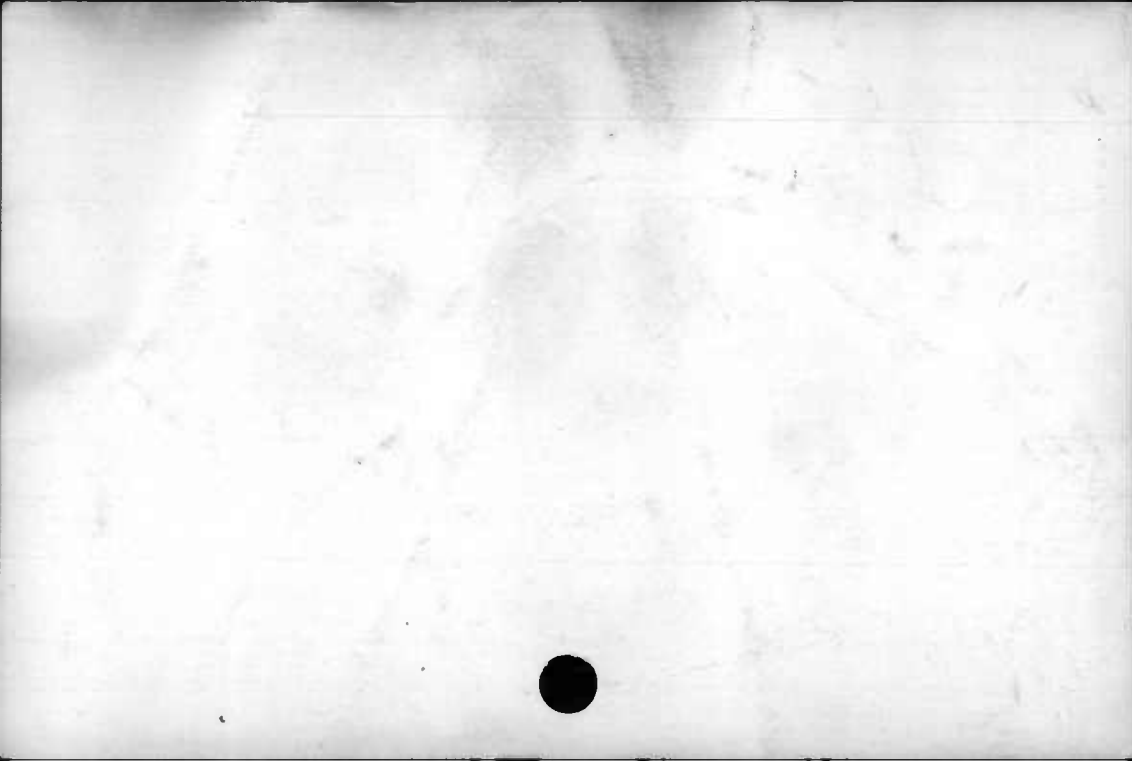
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|-----------------------------------|--|--------------|-------|---|-----|-------------|--------|-------------|
| Died at | | Town | | County | | MARYLAND | | |
| Date of death | | 190 | Month | Day | Age | Years | Months | Days |
| Sex | | Male | | Color or Race | | White | | Birth-place |
| Occupation | | Laborer | | Where Residing if not at place of death | | Garrett Co | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | | |
| Father's Name | | | | Father's Birthplace | | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | | |
| Name of person giving information | | W. W. Morris | | How related to deceased | | Not related | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------|--------------|-------|
| Primary | Subcutaneous | How long | 2 yrs |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | H. W. Morris | |
| Address | | Oakland Md | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

Ms Adelia Merrie

Town

County

Died at

Osceola

Esarett

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

Oct

13

Age

68

Sex

Female

Color or
Race

white

Birth-
place

Occupation

Where Residing if not
at place of death

~~Married, Single~~
or Widowed

Name of Wife or
Husband

Father's
Name

—

Father's
Birthplace

Mother's
Maiden Name

—

Mother's
Birthplace

Name of person giving
In formation

Dr. E. Merrie

How related
to deceased

son

CAUSES OF DEATH

Primary

Chronic Endo-Carditis

How long

Several years

Immediate

Nephritis

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

M. C. Hurlough

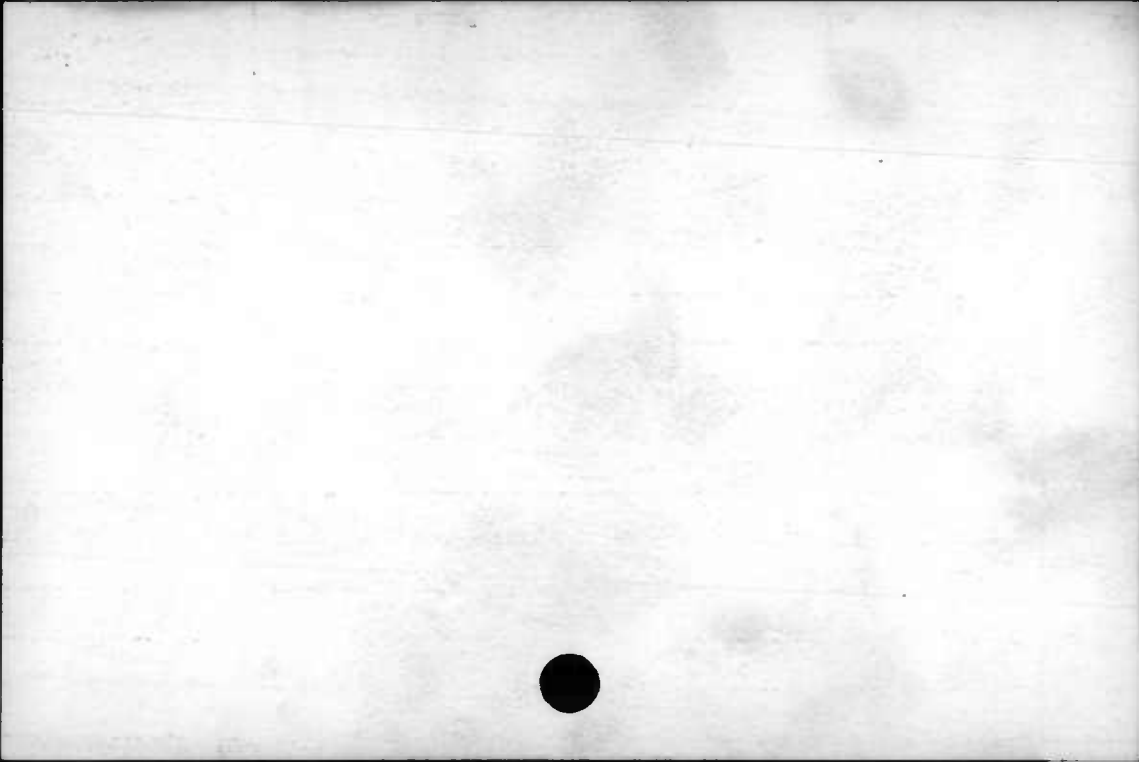
Address

*Osceola
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

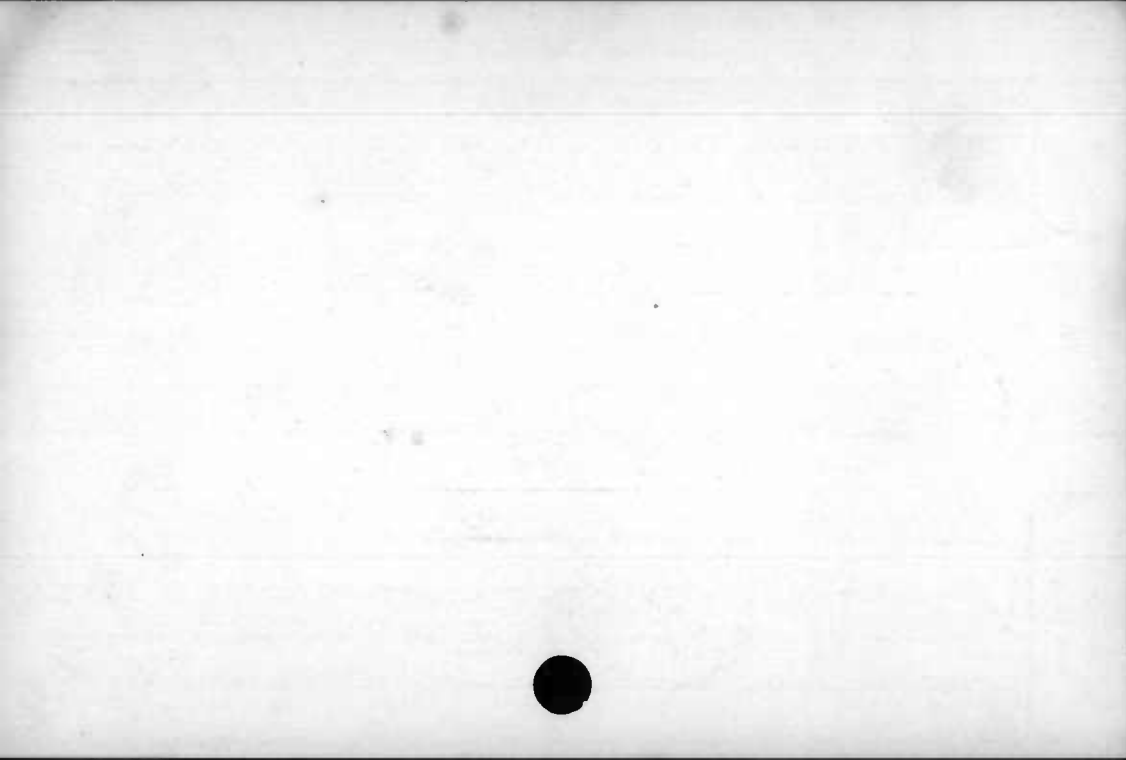
Died at *Altamont* ^{Town} *Garrett* ^{County}Date of death *1905* ^{Month} *Oct* ^{Day} *25* ^{Years} *Age* *75* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Virginia*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Hannah Rexroad*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *John Rexroad* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cholera morbis* *(13)* How long *20 hours*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *G. Hazenbaker M.D.*Address *Swanton**md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Adams Road* Town *Adams*County *Adams*Date
of death *1905*Month *Oct*Day *1*Years *24*Age *24*

Months

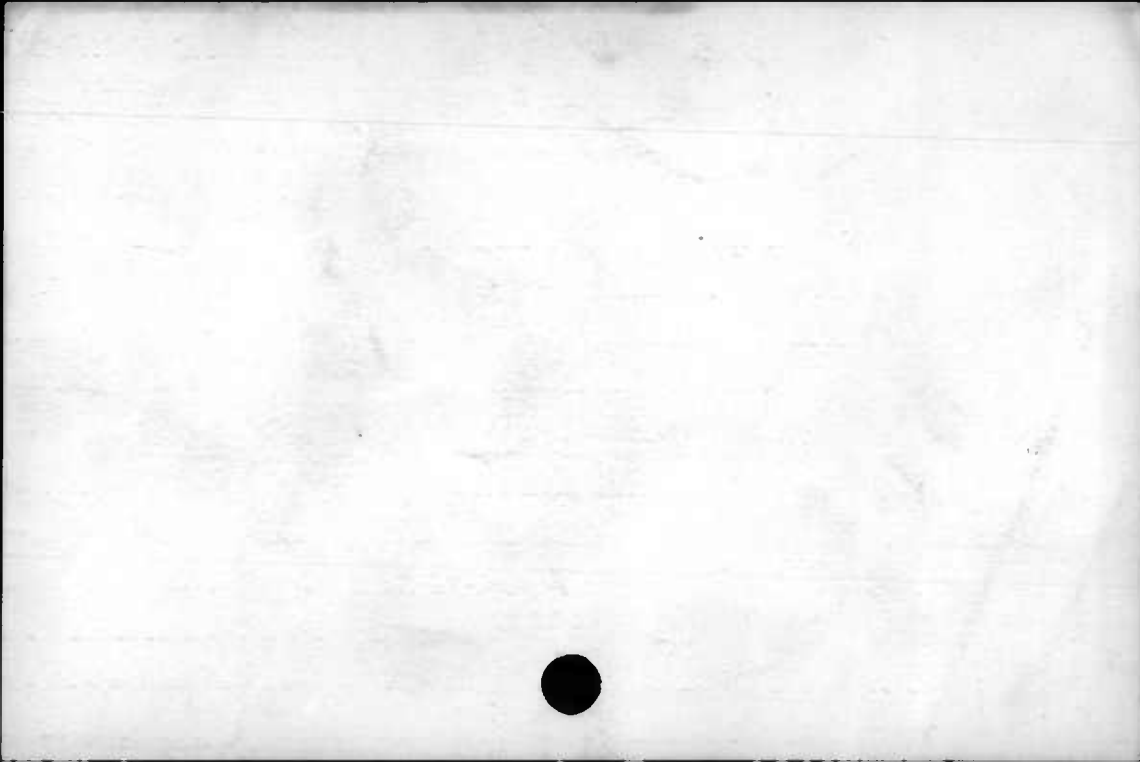
Days

Sex *Female*Color or
Race *white*Birth-
place *md*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *A. G. Ross*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information *Husband*How related
to deceased *1*

CAUSES OF DEATH

Primary *Typhoid Fever*How long *3 weeks*Immediate *Profusion of intestinal contents*How long *few hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *M. C. Kiehn*Address *Adams Road*

Accident or Suicide?



Name
in
Full

Clara Stöyer

CERTIFICATE OF DEATH

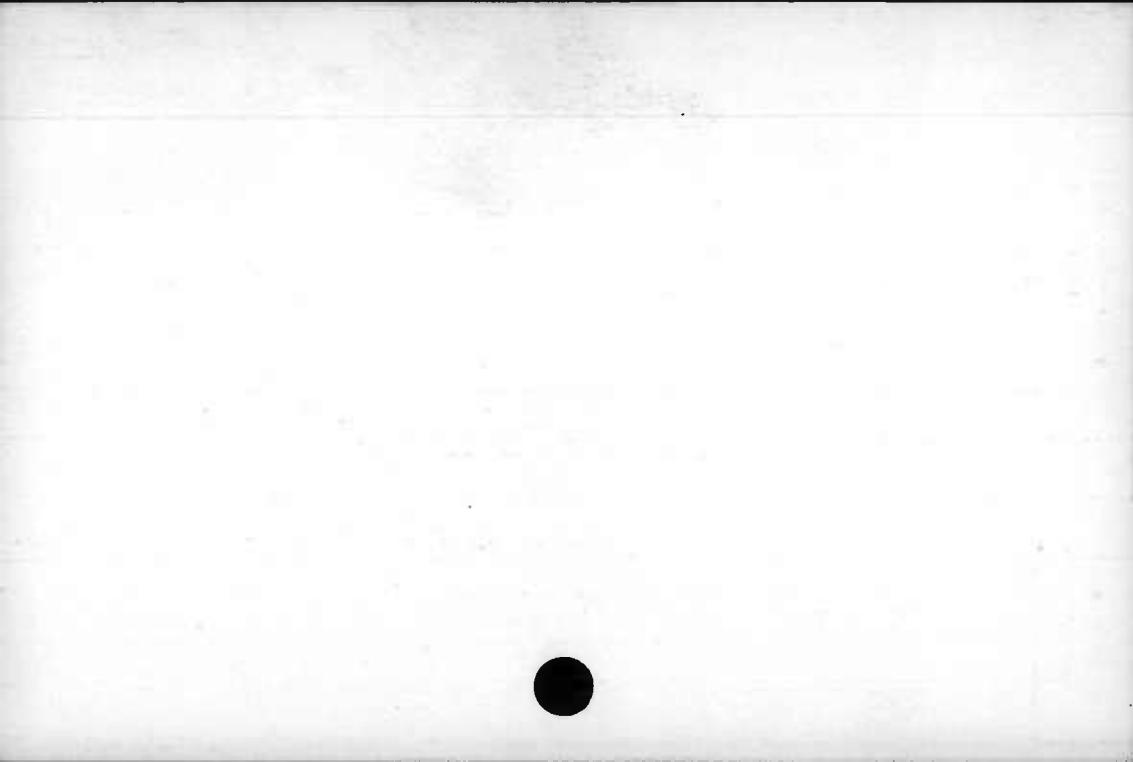
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|--|------------------------|----------|------|
| Died at <u>Stöyer</u> Town | | <u>Garett</u> County | | MARYLAND | |
| Date of death <u>1905</u> Month <u>Oct</u> Day <u>6</u> | | Age <u>76</u> Years | | Months | Days |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Woa</u> | | |
| Occupation <u>none</u> | | Where Residing if not at place of death <u>✓</u> | | | |
| Married, Single or Widowed <u>widow</u> | | Name of Wife or Husband <u>George Stöyer</u> | | | |
| Father's Name <u>✓</u> | | Father's Birthplace <u>Woa</u> | | | |
| Mother's Maiden Name <u>✓</u> | | Mother's Birthplace <u>Woa</u> | | | |
| Name of person giving information <u>Sert Harvey</u> | | How related to deceased <u>son</u> | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <u>Carcinoma</u> | How long <u>18 mos</u> |
| Immediate <u>Exhaustion</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>E. E. Egan</u> |
| | Address <u>Adelphi</u> |
| Accident or Suicide? | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Magner Tietz

Town **Dayo Run** County **Garrett** **MARYLAND**

Died at **Dayo Run**

Date of death **190** **Oct** **6** Age **54** Years **20** Months **20** Days

Sex **Female** Color or Race **White** Birth-place **Ind**

Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single ~~Name of Wife or Husband~~

Father's Name **Sam Tietz** Father's Birthplace **Wva**

Mother's Maiden Name **It Tietz** Mother's Birthplace **Wva**

Name of person giving information **M D Friend** How related to deceased **Friend**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **105** How long _____

Immediate **Bowel Protrusion** How long **6 days**

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician _____ Address **M D Doctor**

Accident or Suicide? ☒

